## State of California - Department of Social Services **DUTY STATEMENT**

EMPLOYEE NAME:			
CLASSIFICATION:		POSITION NUMBER:	
DIVISION/BRANCH/REGION; (UNDERLINE ALL THAT APPLY)		BUREAU/SECTION/UNIT: (UNDERLINE ALL 1	THAT APPLY)
SUPERVISOR'S NAME:		SUPERVISOR'S CLASS:	
SPECIAL REQUIREMENTS	OF POSITION (CHECK AL	LL THAT APPLY):	
☐ Designated under Conflic	ct of Interest Code.		
Duties require participation	on in the DMV Pull Notice F	Program.	
☐ Requires repetitive move	ement of heavy objects.		
☐ Performs other duties red	quiring high physical demai	nd. <i>(Explain below)</i>	
None			
Other (Explain below)			
I certify that this duty stateme	ant raprocents an accurate	I have road this duty state	ment and agree that it represents the
description of the essential fu		duties I am assigned.	ment and agree that it represents the
SUPERVISOR'S SIGNATURE DATE EMPLOYEE'S SIGNATURE		DATE	
SUPERVISION EXERCISED	(Check one):		
None	Supervisor	☐ Lead Person	☐ Team Leader
FOR SUPERVISORY POSIT	TONS ONLY: Indicate the	number of positions by classification that	this position DIRECTLY supervises.
Total number of positions for	which this position is respo	onsible:	
	EAM LEADEDS ONLY: Inc	dicate the number of positions by classific	potion that this position LEADS
FOR LEADPERSONS OR TE	<u> </u>	dicate the number of positions by classific	cation that this position LEADS.
MISSION OF ORGANIZATIO	NAL UNIT:		

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CONCEPT OF POSITION:		
A. <u>RESPONSIBILITIES OF POSITION</u> :		

В.	SUPERVISION RECEIVED:
_	ADMINISTRATIVE DESCRIPTIVE
C.	ADMINISTRATIVE RESPONSIBILITY:
D.	PERSONAL CONTACTS:
_	ACTIONS AND CONSEQUENCES.
⊏.	ACTIONS AND CONSEQUENCES:
F.	OTHER INFORMATION:

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SUPERVISOR'S NAME:		SUPERVISOR'S CLASS:	SUPERVISOR'S CLASS:		
SPECIAL REQUIREMENT	TS OF POSITION (CHECK ALL TH	IAT APPLY):			
☐ Designated under Cor	nflict of Interest Code.				
☐ Duties require particip	☐ Duties require participation in the DMV Pull Notice Program.				
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Performs other duties	requiring high physical demand. (I	Explain below)			
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Other (Explain below)					
	ment represents an accurate		ent and agree that it represents the		
description of the essentia	I functions of this position.	duties I am assigned.	duties I am assigned.		
SUPERVISOR'S SIGNATURE	DATE	EMPLOYEE'S SIGNATURE	DATE		
SUPERVISION EXERCIS	ED (Check one):				
☐ None	☐ Supervisor	☐ Lead Person	☐ Team Leader		
FOR SUPERVISORY POS	SITIONS ONLY: Indicate the numb	er of positions by classification that the	nis position DIRECTLY supervises.		
Total number of positions	for which this position is responsible	e:			
FOR LEADPERSONS OR	TEAM LEADERS ONLY: Indicate	the number of positions by classifica	tion that this position LEADS.		
MISSION OF ORGANIZAT	TIONAL UNIT:				

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⊏.	ACTIONS AND CONSEQUENCES:
F.	OTHER INFORMATION: